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Bib Data Sheet

CONFIRMATION NO. 5158

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|------------------------------------|---|---------------------|-------------------------------|--|
| <b>SERIAL NUMBER</b><br>10/638,405 | <b>FILING OR 371(c)<br/>DATE</b><br>08/12/2003<br><b>RULE</b> | <b>CLASS</b><br>310 | <b>GROUP ART UNIT</b><br>2834 | <b>ATTORNEY<br/>DOCKET NO.</b><br>361727 |
|------------------------------------|---|---------------------|-------------------------------|--|

## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

This application is a CON of 09/930,455 08/16/2001 ABN  
 and is a CIP of 10/235,968 09/06/2002 PAT 6,720,709  
 which is a CON of 09/691,887 10/20/2000 PAT 6,504,286  
 which is a CON of 09/000,553 12/30/1997 PAT 6,140,740

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*  
 \*\* 11/07/2003

|   |   |                                       |                                |                               |                                    |
|---|---|---------------------------------------|--------------------------------|-------------------------------|------------------------------------|
| Foreign Priority claimed<br>35 USC 119 (a-d) conditions met | <input type="checkbox"/> yes <input type="checkbox"/> no<br><input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance | <b>STATE OR<br/>COUNTRY</b><br>ISRAEL | <b>SHEETS<br/>DRAWING</b><br>4 | <b>TOTAL<br/>CLAIMS</b><br>43 | <b>INDEPENDENT<br/>CLAIMS</b><br>6 |
| Verified and<br>Acknowledged                                | Examiner's Signature _____<br>Initials _____  |                                       |                                |                               |                                    |

**ADDRESS**  
 42074

## TITLE

Devices for intrabody delivery of molecules and systems and methods utilizing same

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|---------------------------------------|---|---|
| <b>FILING FEE<br/>RECEIVED</b><br>708 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |
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